This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

ARTICLES

Incontinence After Prostatectomy: Coping With Incontinence After Prostate Cancer Surgery

Mary H. Palmer, PhD, RNC, FAAN, Linda A. Fogarty, PhD, Mark R. Somerfield, PhD, and Lorrie L. Powel, PhD, RN

Purpose/Objectives: To describe the nature of postprostatectomy urinary incontinence, determine how men manage postsurgery urinary incontinence, identify men's perceptions of adequacy of preoperative counseling, and identify men's expectations regarding the probability of postsurgery incontinence.

Design: Survey. **Setting:** United States.

Sample: Members of US TOO International, who experienced urinary

incontinence after surgery.

Methods: Copies of the survey (N = 370) were mailed to all chapters of US TOO International, a prostate cancer support group, for distribution to members. A letter of invitation also was posted on the US TOO International Web site and in the monthly newsletter. Men who desired to complete the survey (N = 130) called the researcher's office, and a copy of the survey and a stamped return envelope was mailed to them. Surveys returned to the researchers from June 1998 to January 1999 were included in the analyses.

Main Research Variables: Urinary incontinence, management of urinary incontinence, and coping.

Findings: 166 men returned surveys. The majority was Caucasian (95%) and married (83%). The median age was 67 years, 87% of the men rated their health as good or excellent, and 114 men (69%) reported becoming incontinent after surgery. Most men experienced stress incontinence symptoms. The majority (89 of 111 men) reported that they were told preoperatively that urinary incontinence was a possible complication. Overall, regardless of length of time since surgery, men (74%) thought that incontinence was an important problem to resolve. Men used containment devices such as pads, special undergarments, and even sanitary napkins as management strategies. The majority of men (54%) used pelvic muscle exercises, especially those who were fewer than two years postsurgery (72%).

Conclusions: Urinary incontinence is a prevalent postoperative complication for men, even up to five years after surgery, and a source of great distress for some. Men reported stress and urge incontinence symptoms and used an array of strategies to contain their urine. Finding effective treatments for postprostatectomy urinary incontinence and receiving adequate information before surgery is important to these men.

Implications for Nursing: As the number of men who undergo surgical treatment for prostate cancer increases, nurses need to be equipped with the necessary knowledge and information to answer preoperative concerns and provide effective strategies for managing postoperative urinary incontinence.

Key Points...

- ➤ Urinary incontinence is a significant problem for men after prostate cancer surgery.
- ➤ Men use behavioral interventions (e.g., pelvic muscle exercises) and containment devices (e.g., absorbent pads) to manage their incontinence.
- ➤ Despite the length of time since surgery, men find incontinence an important problem to resolve.

s the U.S. population ages and public awareness of prostate cancer and the use of blood testing for prostate-specific antigen (PSA) increase, prostate cancer likely will be detected in its early stages more frequently (Haas & Sakr, 1997; Kao et al., 2000). For localized and well-differentiated tumors, the treatment goal is cure, usually through radical surgery (Scher, Isaacs, Fuks, & Walsh, 1995), which has a high 10-year survival rate (Gerber et al., 1996). Researchers have demonstrated that surgical treatment offers a cure (as defined by an undetectable PSA) for select patients

Mary H. Palmer, PhD, RNC, FAAN, is a Helen W. and Thomas L. Umphlet Distinguished Professor in Aging and an associate professor in the School of Nursing at the University of North Carolina at Chapel Hill; Linda A. Fogarty, PhD, is an assistant research professor for the Bloomberg School of Public Health at Johns Hopkins University in Baltimore, MD; Mark R. Somerfield, PhD, is the director of Health Services Research for the American Society of Clinical Oncology in Alexandria, VA; and Lorrie L. Powel, PhD, RN, is a postdoctoral fellow in the Edith Nourse Rogers Memorial Veterans Hospital in the School of Public Health at Boston University in Bedford, MA. This study was funded by an educational research grant sponsored by the Oncology Nursing Certification Corporation. (Submitted April 2002. Accepted for publication June 30, 2002.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/03.ONF.229-238